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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 141800001		CITY OR TOWN	WEST SPR	MINGFIELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MOHINDER, INC				
DOING BUSINESS A	A PINTU'S INDIAN PA	ALACE			
ADDRESS 25 park a	venue				
CITY/TOWN: WES	T SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: CHA'	WLA, TYPE C	OF LICENSE: Res	taurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					7
I	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES:				
RESTAURANT, NO	BAR				
I hereby certify and sv	wear under penalties of p	perjury that:			
1. the renewe	ed license will be of the s	same type for the	same premises nov	v licensed;	
2. the license	e has complied with all	laws of the Comm	onwealth relating	to taxes; and	
3. the premis	es are now open for busi	iness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	IIMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEEI HOIVE IV	CIVIDLIK.	(Note: NOT In	dividual Social S	ecurity Number)
	l, attest that we are in <b>p</b> by the building inspec				
, 0	ertificate of liquor liab		_		
Please Check Below:	•	·			
APPROVED:			LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800	0002	CITY OR TOWN	WEST SPR	INGFIELD
APPLICATION FOR RENEV	WAL: Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: VERDI	CLUB INC.			
DOING BUSINESS A				
ADDRESS 58 CHAPIN ST.				
CITY/TOWN: WEST SPRIN	NGFIELD STATE: MA	ZIP CODE:	01089	
MANAGER: BENGLE, JA. M.	MES TYPE OF LICENSE: C	ub CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSI				
BASEMENT AND ON 1ST.				
I hereby certify and swear und				
	e will be of the same type for th	1		
	mplied with all laws of the Com	_	taxes; and	
3. the premises are no	ow open for business (If not exp	lain below)		
SIGNED BY: Individ	lual, Partner or Authorized Corp	orate Officer		
marvia	aui, Further of Futhorized Corp	vortute Officer		
DATE:	PELEDIJONE NI IMDED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELEPHONE NUMBER:	(Note: NOT Ind		
	that we are in possession (1) the building inspector and the hea			
	te of liquor liability insurance			
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				
DAIE.				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 141800003		CITY OR TOWN	WEST SPR	MINGFIELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SPRINGFIELD COU	NTRY CLUB			
DOING BUSINESS	A				
ADDRESS 1375 ELM	M ST.				
CITY/TOWN: WES	T SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: Boyle	e, Geoffrey TYPE	OF LICENSE: Clu	b C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	S:			
GOLF COURSE,AN	D PATIO & POOL AR	EA. CLUB BLDG	.,2 BARS & CAB	ANA	
I hereby certify and s	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	same type for the	same premises nov	v licensed;	
2. the license	e has complied with al	l laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	es are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE :	NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned	l, attest that we are in	nossession (1) the	certificate requi	red by Chant	er 304 of the
Acts of 2004, signed	by the building inspe	ector and the head	of the fire depart	tment for the	above named
license and (2) the c	ertificate of liquor lia	bility insurance re	equired by Chapto	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		-		
DATE:					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 141800004		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	AME: GMRI INC.				
DOING BUSIN	NESS A THE OLIVE GA	RDEN ITALIAN R	ESTAURANT		
ADDRESS 919	RIVERDALE STREET				
CITY/TOWN:	WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER:	LAURENT, TYI YVETTE	PE OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREMIS	SES:			
ON 1ST. FL., C	CELLAR FOR STORAGE				
I hereby certify	and swear under penalties	of perjury that:			
1. the 1	renewed license will be of	the same type for th	e same premises now	licensed;	
2. the l	licensee has complied with	all laws of the Con	nmonwealth relating to	o taxes; and	
3. the 1	premises are now open for	business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
					204 0.2
	signed, attest that we are signed by the building ins				
	) the certificate of liquor				
Please Check Belo	w:		LOCAL LICENS	ING AUTHO	ODITV
APPROVED:			By:	onvo AUTIN	JKIT I
DISAPPROVE	ED:		Dy.		
(If disapproved	explain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1418	800005	CITY OR	TOWN	WEST SPR	INGFIELD
APPLICATION FOR REN	TEWAL: A	nnual	LICENSE	ED FOR 20	13
	C	LASS			YEAR
LICENSEE NAME: ARE	S, INC				
DOING BUSINESS A GE	RALDINE'S LOUNGE				
ADDRESS 1501 ELM ST.					
CITY/TOWN: WEST SP	RINGFIELD STAT	E: MA ZIP CO	DDE:	01089	
MANAGER: HARTY, R S	ICHARD TYPE OF LIC	ENSE:General on premise	САТ	EGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS			
DESCRIPTION OF LICEN					
SINGLE STORY BLDG; TENTRANCE/EXIT FRON 244; SEATING IS 150					
I hereby certify and swear u	under penalties of perjury	that:			
1. the renewed lice	ense will be of the same ty	pe for the same premi	ses now lie	censed;	
	complied with all laws of		elating to t	axes; and	
3. the premises are	now open for business (	f not explain below)			
SIGNED BY:		1.0			
Indi	vidual, Partner or Author	zed Corporate Officer			
DATE:	TELEPHONE NUMBE	AIX.			ION NUMBER:
We the undersigned, atte Acts of 2004, signed by th license and (2) the certific	ne building inspector an	d the head of the fire	departme	ent for the	above named
Please Check Below:		LOCAL	LICENSIN	IG AUTHO	ORITY
APPROVED:		By:			
DISAPPROVED: (If disapproved explain)					
(11 disappioved explain)					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800006	CITY OR	R TOWN W	EST SPRI	INGFIELD
APPLICATION FOR RENEWAL:	nnual	LICENSEI	D FOR 20	13
C	ELASS		•	YEAR
LICENSEE NAME: MPG WEST SPRINGFIELD	LLC			
DOING BUSINESS A PICCADILLY PUB RESTA	AURANT			
ADDRESS 1506 RIVERDALE ST				
CITY/TOWN: WEST SPRINGFIELD STAT	E: MA ZIP C	CODE: 0	1089	
MANAGER: FENNELL, TYPE OF LIC JONATHAN	ENSE: Restaurant	CATI	EGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL ADDRESS	S		
DESCRIPTION OF LICENSED PREMISES:				
TWO STORY WOOD FRAME BLDG CONTAINS LICENSED AREA FIRST FLOOR ONLY	NG 9000 SQ FT WI	TH FULL BA	ASEMENT	
2. the licensee has complied with all laws o     3. the premises are now open for business (     SIGNED BY:  Individual, Partner or Author	If not explain below)		xes; and	
DATE: TELEPHONE NUMB	LIX.	EMPLOYER IDI e: <u>NOT</u> Individ		
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in	d the head of the fir	e departmen	nt for the a	above named
Please Check Below:	LOCAL	LICENSING	G AUTHO	RITY
APPROVED:	By:			
DISAPPROVED:(If disapproved explain)				
(If disapproved explain)				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 141800007		CITY OR TOWN	WEST SPRI	INGFIELD
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013					13
		CLASS		•	YEAR
LICENSEE NAME:	TAYLOR/ELOISE, IN	IC.			
DOING BUSINESS	A HOFBRAHAUS RES	STAURANT			
ADDRESS 1105 MA	AIN ST.				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: STE	VENS, JOSEPH TYPE (	OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMISES				
IN A BUILDING TO BASEMENT AREA	O INCLUDE ADDITION	NS TO THE EXIS	ST- ING BLDG. AN	D ALSO IN T	ГНЕ
I hereby certify and s	swear under penalties of j	perjury that:			
1. the renew	ed license will be of the	same type for the	same premises now	licensed;	
2. the licens	ee has complied with all	laws of the Comr	nonwealth relating to	taxes; and	
3. the premi	ses are now open for bus	iness (If not expla	ain below)		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	orate Officer		
D. 1. 27.2					
DATE:	TELEPHONE N	IUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI ividual Social Se	
Acts of 2004, signed	d, attest that we are in play the building inspectortificate of liquor liab	tor and the head	e certificate require I of the fire departn	ed by Chapte nent for the a	r 304 of the
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:	• ,				
(If disapproved expla	ain)		-		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14180000	J8	CITY OR TOWN	WEST SPRINGFIELD
APPLICATION FOR RENEWA	AL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: OUTBAG	CK STEAKHOUSE OF FLOI	RIDA LLC	
DOING BUSINESS A OUTBA	ACK STEAKHOUSE		
ADDRESS 1537 RIVERDALE	STREET		
CITY/TOWN: WEST SPRING	GFIELD STATE: MA	ZIP CODE:	01089
MANAGER: BUTLER, MICHAEL P.	TYPE OF LICENSE:Ro	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	<u></u>
DESCRIPTION OF LICENSEI	PREMISES:		
2. the licensee has com	will be of the same type for the plied with all laws of the Component of t	monwealth relating to	
SIGNED BY: Individua	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	LEPHONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest th Acts of 2004, signed by the bulicense and (2) the certificate	ilding inspector and the hea	d of the fire departn	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 141800009		CITY OR TOW	N WEST SPI	KINGFIELD
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MONTE CARLO INC.	. OF WEST SPRI	NGFIELD		
DOING BUSINESS	A MONTE CARLO RE	STAURANT			
ADDRESS 1020 ME	MORIAL AVE				
CITY/TOWN: WES	T SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
	LIANO, TYPE O DERICK J.	OF LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISES:				
ON FIRST FLOOR,	CELLAR FOR STORAG	GE.			
I hereby certify and sv	wear under penalties of p	perjury that:			
1. the renewe	ed license will be of the	same type for the s	same premises no	w licensed;	
2. the license	e has complied with all	laws of the Comm	onwealth relating	g to taxes; and	
3. the premis	es are now open for busi	ness (If not explain	in below)		
SIGNED BY:					
	Individual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOY	ER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersioned	Lattact that we are in a	oggoggion (1) the	aartifiaata raar	inad he Chant	ton 204 of the
	l, attest that we are in p by the building inspec				
	ertificate of liquor liab				
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expla	in)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 141800010		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE N.	AME: DANTE CLUB INC	C.			
DOING BUSI	NESS A				
ADDRESS 11	98 MEMORIAL AVE				
CITY/TOWN:	: WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER:	FRANCOEUR, TYP MARK A.	PE OF LICENSE: Clu	b CA	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				7
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREMIS	SES:			
4 ROOMS: 1S	T. FL.: ASSEMBLY HALI	L, MEZZANINE, OF	FICE, CELLAR FO	OR STORAGE	E.
I hereby certify	y and swear under penalties	of perjury that:			
1. the	renewed license will be of	the same type for the	same premises now	licensed;	
2. the	licensee has complied with	all laws of the Comm	nonwealth relating to	o taxes; and	
3. the	premises are now open for	business (If not expla	nin below)		
SIGNED BY:	:				
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
	rsigned, attest that we are signed by the building ins				
	2) the certificate of liquor				
Please Check Bel	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	1107101110	SIGT I
DISAPPROVI	ED:		2).		
(If disapproved	d explain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	141800011		CITY OR TOWN	WEST SPR	MINGFIELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	RARE HOSPITALITY	/ INTERNATION	IAL, INC		
DOING BUSINESS A	LONGHORN STEAL	KHOUSE			
ADDRESS 1105 RIV	ERDALE STREET				
CITY/TOWN: WES	Γ SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: ROBE	RT S. RAVENTYPE (	OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	:			
	vear under penalties of				
	d license will be of the	* *	•		
	e has complied with all		C	o taxes; and	
3. the premise	es are now open for bus	iness (If not expla	in below)		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	rate Officer		
	11.01 (10.01)	camerate de Corpo			
DATE:	TELEPHONE N	IIIMRER:	EMPLOYEI	R IDENTIFICAT	TON NUMBER:
	TEEEI HONE IV	CWIDER.	(Note: NOT Inc	lividual Social S	ecurity Number)
XX-4b	-444414			- 1 b Cb4	204 - 641
	, attest that we are in <b>p</b> by the building inspec				
	ertificate of liquor liab				
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			-		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800012		CITY OR TOWN	WEST SPF	RINGFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: BOTTEGA GROUP LLC	C			
DOING BUSINESS A BOTTEGA CUCINA				
ADDRESS 46 MORGAN ROAD				
CITY/TOWN: WEST SPRINGFIELD ST	ΓATE: MA	ZIP CODE:	01089	
MANAGER: AUSSANT, BRIAN TYPE OF	LICENSE: Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
IN AN AREA 34'X50' WITH FRONT AND RE		NCE/EXIT.		
I hereby certify and swear under penalties of per				
1. the renewed license will be of the sar	• •	-		
2. the licensee has complied with all law		=	taxes; and	
3. the premises are now open for busine	ess (If not exp.	lain below)		
SIGNED BY: Individual, Partner or Au	thorized Corp	orate Officer		
DATE: TELEPHONE NIL	MDED.	EMPLOYER	DENTIFICAT	ΓΙΟΝ NUMBER:
TELEPHONE NU	WIDEK.	(Note: NOT Ind		
We the undersigned, attest that we are in postacts of 2004, signed by the building inspecto license and (2) the certificate of liquor liability.	r and the hea	d of the fire departr	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 141800013	•	CITY OR TOWN	WEST SPR	AINGFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1338 ME		DESIGN,INC.			
CITY/TOWN: WES	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: DAIC EY	GNEAU,JEFFR TYPE O	F LICENSE:Rest	aurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS		
	LICENSED PREMISES:				
1 FLOOR, 2 ROOMS					
	wear under penalties of p			1. 1	
	ed license will be of the s	• •	•		
	ee has complied with all l		•	o taxes; and	
3. the premis	ses are now open for busing	ness (II not expiai	n below)		
SIGNED BY:	Individual, Partner or A	uthorized Corpor	ate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are in p l by the building inspect ertificate of liquor liabi	or and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
			-		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 141800014		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	99 RESTAURANTS	OF BOSTON, LI	.C		
DOING BUSINESS	A 99 RESTAURANT	`-PUB			
ADDRESS 1053 RIV	VERDALE				
CITY/TOWN: WES	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: Egge	rs, John W TYPE	E OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					]
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:			
	RANT INCLUDING				
	ROX 5000 SQFT TWO IN COOLER. THE M				
	swear under penalties of		ID THE TROTT	Of THE BO	JILDING.
• •	red license will be of th	1 0 0	e same premises now	licensed:	
	ee has complied with a	• •	-		
	ses are now open for b		· ·	, unico, unico	
	1	` 1	,		
SIGNED BY:					
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned	d, attest that we are i	n possession (1) th	ne certificate require	ed by Chapt	er 304 of the
Acts of 2004, signed	d by the building insp	ector and the hea	d of the fire departi	nent for the	above named
license and (2) the o	certificate of liquor lia	ability insurance	required by Chapte	r 116 of the .	Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ıın)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800015		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: ZHENG'S GA	RDEN LLC			
DOING BUSINESS A TOKYO ASI	AN CUISINE			
ADDRESS 1152 RIVERDALE STR	EET			
CITY/TOWN: WEST SPRINGFIEL	LD STATE: MA	ZIP CODE:	01089	
MANAGER: ZHENG,MICHAEL	TYPE OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREBLDG. CONTAINING APPROX. 20 MEMORIAL AVE. AND ON THE V	000 SQ. FT. WITH ENT WEST SIDE OF THE BI	RANCES AND EXI		ING LOT.
I hereby certify and swear under pena	=		1. 1	
1. the renewed license will b	* *	•		
<ul><li>2. the licensee has complied</li><li>3. the premises are now oper</li></ul>		•	taxes; and	
3. the premises are now open	r for business (if not exp	iam below)		
SIGNED BY:	rtner or Authorized Corp	orate Officer		
marviduai, i a	ruler of Authorized Corp	orate Officer		
DATE: TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the hea	d of the fire departr	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disapproved explain)				
DATE:		_		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	141800017		CI	IY OK IOV	VIV WEST SPI	KINGFIELD
APPLICATION FOR	RENEWAL:	Annual		LIC	ENSED FOR 2	013
		CLASS	5			YEAR
LICENSEE NAME: DOING BUSINESS A		ELD-AGAWAN	1 B.P.O.I	ELKS #2174		
ADDRESS 429 MOR	GAN RD.					
CITY/TOWN: WES	T SPRINGFIELD	STATE:	MA	ZIP CODE	: 01089	
	ENNY, TYP STOPHER	PE OF LICENSI	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YO	OUR EMAIL	ADDRESS		
DESCRIPTION OF L						
CLUB ROOM, LADI KITCHEN AND RES						
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of	the same type fo	r the san	ne premises r	now licensed;	
2. the license	e has complied with	all laws of the C	Common	wealth relatii	ng to taxes; and	
3. the premise	es are now open for	business (If not	explain b	pelow)		
SIGNED BY:			~			
	Individual, Partner	or Authorized (	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building ins	spector and the	head of	the fire dep	artment for the	above named
Please Check Below:			L	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			E	By:		
DISAPPROVED:						
(If disapproved explain	n)		-			
			-			
DATE:			-			
APPLICATION FOR RENEW	AL MUST BE FILED BY LI	CENSEES DURING	THE MONT	H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 141800018		CITY OR TOWN	WEST SPRINGFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	STORROWTON TA	AVERN CORPORA	TION	
DOING BUSINESS	A STORROWTON 7	ΓAVERN		
ADDRESS 1305 MI	EMORIAL AVE.			
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089
	SIDY, TYPI SENE J.	E OF LICENSE: Inn	holder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMISI			
STORROWTON TAPATIO.	AVERN AND PATIO,	POTTER MANSIC	ON, AND CARRIAC	GE HOUSE AND
1. the renew	swear under penalties of yed license will be of the see has complied with a	he same type for the	•	
3. the premi	ses are now open for b	ousiness (If not expl	ain below)	
SIGNED BY:	Individual, Partner (	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signe	d by the building insp	pector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved explain	ain)			
(11 disappioved expir	u111 <i>)</i>			
				<del></del>



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 141800019		CITY OR TOWN	WEST SPR	MINGFIELD
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS ADDRESS 885 RIV CITY/TOWN: WE MANAGER: LEG	ZERDALE EST SPRINGFIELD GALOS, TYPE BERT W.	NC STATE: MA E OF LICENSE:Res		01089 CATEGORY:	
DESCRIPTION OF	LICENSED PREMIS	ES:			
ONE FLOOR; 2 RO	OOMS FOR SERVICE.				
2. the licens	wed license will be of the see has complied with a sises are now open for be	all laws of the Comn	nonwealth relating		
SIGNED BY:	Individual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are i ed by the building insp certificate of liquor li	pector and the head	of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	<b>X</b> : 141800020		CITY OR TOWN	WEST SPR	ANGFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	WEST SPRINGFIELD	O K.OF C. HOME	ASSN.		
DOING BUSINESS	A				
ADDRESS 63 PARI	K AVE.				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: PAIR	ER, ALDO A. TYPE	OF LICENSE: Clu	b C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:			
6 ROOMS FIRST F	LOOR: 5 ROOMS 2ND	FLOOR: CELLA	R FOR STORAGE.		
I hereby certify and s	swear under penalties of	perjury that:			
1. the renew	ed license will be of the	same type for the	same premises now	licensed;	
2. the licens	ee has complied with all	laws of the Comm	nonwealth relating to	o taxes; and	
3. the premi	ses are now open for bu	siness (If not expla	nin below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE I	JIIMRED:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TELETHONE	WWIDEK.	(Note: NOT Inc		
	d, attest that we are in				
, 0	d by the building inspe certificate of liquor lia		_		
Please Check Below:	1				
APPROVED:			LOCAL LICENS	SING AUTHO	DRITY
DISAPPROVED:			By:		
(If disapproved explain	ain)				
, 11 F	,				
DATE:			-		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800021		CITY OR TOWN	WEST SPRINGFIELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: W.SPRING. POST #20	7 INC.DEPT.OF	MA.AMER.LEG.	
DOING BUSINESS A			
ADDRESS 83 PARK AVE.			
CITY/TOWN: WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089
MANAGER: DAVIS, ROBERT TYPE C W. JR	OF LICENSE: Vet	erans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
ENTRANCE/EXIT'S FRONT AND REAR OF FLOOR);2ND FLOOR USED FOR OFFICE STORAGE ALLOWAVLE OCCUPANCY L	AND METTING		•
I hereby certify and swear under penalties of p	perjury that:		
1. the renewed license will be of the s	same type for the	same premises now	licensed;
2. the licensee has complied with all l		•	taxes; and
3. the premises are now open for busi	iness (If not expla	in below)	
SIGNED BY:			
Individual, Partner or A	Authorized Corpo	rate Officer	
DATE: TELEPHONE N	UMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are in pacts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab	tor and the head	of the fire departr	nent for the above named
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			<del></del>



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 141800022		CITY OR TOWN	WEST SPR	INGFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TATHAM MEMOR	IAL CLUB, INC			
DOING BUSINESS	A				
ADDRESS 3 PAUL	ST.				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: FAR	RELL, JAY R. TYPI	E OF LICENSE: Cl	ıb C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
BASEMENT AREA	AND HALL.				
I hereby certify and	swear under penalties of	of perjury that:			
	ved license will be of the	* *	-		
	see has complied with a		_	o taxes; and	
3. the premi	ises are now open for b	usiness (If not expl	ain below)		
SIGNED BY:		A 41 : 1G	0.55		
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
			(Note: NOT Inc	lividual Social Se	ecurity Number)
We the undersigne	d, attest that we are i	n possession (1) th	e certificate requir	ed by Chapto	er 304 of the
	d by the building insp				
license and (2) the	certificate of liquor li	ability insurance i	required by Chapte	r 116 of the <i>I</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expl	aiii)				
DATE:			-		
			<u></u>		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 141800024		CITY OR TOWN	WEST SPR	INGFIELD
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013		
		CLASS		,	YEAR
LICENSEE NA	AME: BARCOMB-TROV	VBRIDGE #6714 V	V.F.W.HOME ASSN.	INC.	
DOING BUSI	NESS A				
ADDRESS 76	4 RIVERDALE ST.				
CITY/TOWN:	WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER:	OSBORNE, TYP RONALD	PE OF LICENSE: Vo	eterans club CA	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	N OF LICENSED PREMIS				
ON 1ST. FLO	OR;CELLAR FOR STORA	iGE.			
•	y and swear under penalties				
	renewed license will be of	• •	•		
	licensee has complied with		_	taxes; and	
3. the	premises are now open for	business (If not exp	lain below)		
SIGNED BY:		A .1 : 1.0	0.55		
	Individual, Partner	or Authorized Corp	orate Officer		
D.A.TE					
DATE:	TELEPHON	E NUMBER:		DENTIFICATI	
			(Note: NOT Ind	ividual Social Se	curity Number)
We the under	rsigned, attest that we are	in possession (1) tJ	ne certificate require	ed by Chapte	er 304 of the
	signed by the building ins				
license and (2	2) the certificate of liquor	nability insurance	required by Chapter	r 116 of the A	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
(II disappioved	а схріані)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 141800025		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1547 RI	A MINGLES				
CITY/TOWN: WE	ST SPRINGFIEL	D STATE: MA	ZIP CODE:	01089	
MANAGER: PUZ	A, CAROL A.	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:		R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF ON 3 FLOORS USE NORTH AND SOU	D FOR DINING	AND BANQUETS WI	TH ENTRANCES A	ND EXITS C	ON THE
2. the licens	red license will be ee has complied v	of the same type for the vith all laws of the Comfor business (If not exp	monwealth relating to		
SIGNED BY:	Individual, Part	ner or Authorized Corp	oorate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the building	are in possession (1) the inspector and the heater liability insurance	ıd of the fire departı	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED F	BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 141800029		CITY OR TOWN	WEST SPR	INGFIELD	
APPLICATION FOR RENEWAL: Annual			LICEN	LICENSED FOR 2013		
		CLASS		•	YEAR	
DOING BUSINESS	CARRABA'S ITALIA A CARRABBA'S ITAL					
ADDRESS 955 RIV						
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089		
	JNELLE, TYPE C BERT	OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRESS			
	LICENSED PREMISES					
ON 1 LEVEL, 3 DII & EXITS.	NING ROOMS, KITCHE	EN & LOUNGE,	STORAGE AREA V	VITH 5 ENT	RANCES	
I hereby certify and	swear under penalties of p	perjury that:				
	ved license will be of the		=			
	see has complied with all		•	taxes; and		
3. the premi	ises are now open for bus	iness (If not expl	ain below)			
SIGNED BY:	Individual, Partner or A	Authorized Corp	orate Officer			
DATE:		W 3 (D E D	EMBLOVER		ION NUMBER.	
DATE.	TELEPHONE N	IUMBER:	(Note: NOT Ind	IDENTIFICATI ividual Social Se		
Acts of 2004, signe	ed, attest that we are in p d by the building inspec certificate of liquor liab	tor and the hea	d of the fire departr	nent for the	above named	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:	• >					
(If disapproved expl	aın)					
			-			
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 141800030		CITY OR TOWN	WEST SPR	MINGFIELD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: BERTUCCI'S RESTA	URANT CORP			
DOING BUSINES	S A BERTUCCIS BRICK	OVEN RISTOR	ANTE		
ADDRESS 847 RI	VERDALE ST				
CITY/TOWN: W	EST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
	IRISTOPHER,MATYPE C CM.	OF LICENSE: Rest	taurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION O	F LICENSED PREMISES:				
2. the licer	ewed license will be of the s nsee has complied with all mises are now open for bus	laws of the Comm	onwealth relating t		
SIGNED BY:	Individual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:			TION NUMBER: Security Number)
Acts of 2004, sign	ned, attest that we are in p ned by the building inspec e certificate of liquor liab	tor and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	olain)				
(11 disappioved exp	piaiii)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 141800031	(	II Y OR TOWN	WEST SPR	INGFIELD
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WONG & SONS, INC.				
DOING BUSINESS	A DEBBIE WONG RES	TAURANT			
ADDRESS 874 ME	MORIAL AVENUE				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: WON CHIL	/	F LICENSE: Resta	nurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EMA	IL ADDRESS		
	LICENSED PREMISES:				
PROPOSED BLDG	3,300 SQ.FT. WITH SEA	ATING FOR 88 &	PARK ING FOR 5	32 CARS.	
•	swear under penalties of p	•			
	ved license will be of the s	• •	•		
	ee has complied with all l		•	taxes; and	
3. the premi	ses are now open for busi	ness (If not explain	n below)		
SIGNED BY:					
	Individual, Partner or A	authorized Corpora	ate Officer		
DATE:	TELEPHONE N	UMBER:			ION NUMBER:
			(Note: NOT Indi	vidual Social So	ecurity Number)
We the undersigne	d, attest that we are in p	ossession (1) the (	certificate require	d by Chapto	er 304 of the
Acts of 2004, signe	d by the building inspect	tor and the head o	of the fire departn	nent for the	above named
license and (2) the	certificate of liquor liabi	lity insurance req	quired by Chapter	116 of the A	Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE			_		
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	141800032		CITY OR TOV	VN WEST SP	KINGFIELD
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	CALAMARI'S III, IN	NC.			
DOING BUSINESS A	CAL'S WOOD-FIR	ED GRILL & BA	R		
ADDRESS 1068 RIVE	RDALE ST.				
CITY/TOWN: WEST	SPRINGFIELD	STATE: MA	ZIP CODE	: 01089	
MANAGER: WOLF	, HELMAR A.TYPE	OF LICENSE:Re	staurant	CATEGORY:	: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBS CENSED PREMISE		MAIL ADDRESS		
I hereby certify and swo	ear under penalties o	f perjury that:			
1. the renewed	license will be of the	e same type for the	e same premises r	now licensed;	
2. the licensee	has complied with a	ll laws of the Com	monwealth relation	ng to taxes; and	
3. the premises	s are now open for bu	usiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICA	
We the undersigned, Acts of 2004, signed k license and (2) the cer	y the building insp	ector and the hea	d of the fire dep	artment for th	e above named
Please Check Below:			LOCAL LICE	ENSING AUTH	IORITY
APPROVED:	٦		By:		
DISAPPROVED: (If disapproved explain	)				
(11 disappioved explain	,				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	141800033		CITY OR TOWN	WEST SPE	MINGFIELD
APPLICATION FOR I	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A					
ADDRESS 1080 RIVE	ERDALE ST.				
CITY/TOWN: WEST	SPRINGFIELD S'	ΓΑΤΕ: MA	ZIP CODE:	01089	
MANAGER: Patel, S	Shailesh TYPE OF	LICENSE: Innh	older C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES:				
IN 263 ROOM MOTE	L; 2 FLOORS, 10 AUXI	LLARY ROOM	IS.		
I hereby certify and swe	ear under penalties of pe	rjury that:			
1. the renewed	license will be of the sar	me type for the s	ame premises nov	v licensed;	
2. the licensee	has complied with all la	ws of the Comm	onwealth relating	to taxes; and	
3. the premises	s are now open for busine	ess (If not explain	in below)		
SIGNED BY:					
]	Individual, Partner or Au	thorized Corpor	ate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	ndividual Social S	Security Number)
*** 41 1 1 1		. (4) (1		11 61 4	204 64
	attest that we are in po by the building inspecto				
	rtificate of liquor liabili				
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	a)				
DATE:					
21111.					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 141800034		CITY OR TOWN	WEST SPR	MINGFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE CUP INC.				
DOING BUSINESS	A COMMON GROUN	D			
ADDRESS 25 PARI	K AVENUE				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
	LIVAN, TYPE HAEL P.	OF LICENSE: Rest	aurant (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	S:			
IN A 1 STORY BLD	OG.; CELLAR FOR STO	ORAGE.			
I hereby certify and s	swear under penalties of	perjury that:			
1. the renew	ed license will be of the	same type for the s	same premises nov	w licensed;	
2. the licens	ee has complied with all	laws of the Comm	onwealth relating	to taxes; and	
3. the premi	ses are now open for bu	siness (If not explai	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	ndividual Social S	Security Number)
	d, attest that we are in d by the building inspe				
, 0	certificate of liquor lia		_		
Please Check Below:			LOCAL LICEN	SING AUTHO	OPITV
APPROVED:			By:	SING ACTIN	OKITT
DISAPPROVED:			27.		
(If disapproved expla	ain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 141800035		CITY OR TOWN	WEST SPR	INGFIELD
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: OTB ACQUISITION	ON LLC			
DOING BUSIN	NESS A ON THE BORDI	ER			
ADDRESS 33	BORDER WAY				
CITY/TOWN:	WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER:	SCAFURI, TYNTHOMAS	PE OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		1
DESCRIPTION	N OF LICENSED PREMI	SES:			
5400 SQ. FT. (	2,000 SQ. FT. BASEME	NT, STORAGE)			
I hereby certify	and swear under penalties	of perjury that:			
1. the	renewed license will be of	the same type for th	e same premises now	licensed;	
2. the 1	licensee has complied with	all laws of the Con	nmonwealth relating to	taxes; and	
3. the 1	premises are now open for	business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
		• • •			204 84
	signed, attest that we are signed by the building in				
	) the certificate of liquor				
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	11.0710111	J
DISAPPROVE	ED:		Ž		
(If disapproved	l explain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800037	CITY OR TOWN	WEST SPRINGFIELD
APPLICATION FOR RENEWAL:	nnual LICE	NSED FOR 2013
C	LASS	YEAR
LICENSEE NAME: WEST SPRINGFIELD WING	GS LLC	
DOING BUSINESS A HOOTERS RESTAURANT	1	
ADDRESS		
CITY/TOWN: WEST SPRINGFIELD STATE	E: MA ZIP CODE:	01089
MANAGER: BELMONTE, RICHATYPE OF LIC	ENSE: Restaurant (	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND EN	VTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
1.8 AC WITH 5765 SQ FT OF BUILDINGFIRST ROOM/ENCLOSED PATIOONE FRONT ENTR EXITBASEMENT FOR STORAGE		
I hereby certify and swear under penalties of perjury	that:	
1. the renewed license will be of the same ty	pe for the same premises nov	w licensed;
2. the licensee has complied with all laws of	<u> </u>	to taxes; and
3. the premises are now open for business (I	If not explain below)	
SIGNED BY:  Individual Partner or Authori	izad Corporata Officar	
SIGNED BY: Individual, Partner or Authori	ized Corporate Officer	
	ized Corporate Officer	
Individual, Partner or Authori		ER IDENTIFICATION NUMBER:
Individual, Partner or Authori	ER: EMPLOYE	ER IDENTIFICATION NUMBER:
Individual, Partner or Authori	ER: EMPLOYI (Note: <b>NOT</b> In sion (1) the certificate requi d the head of the fire depar	red by Chapter 304 of the tment for the above named
Individual, Partner or Authoric DATE:  TELEPHONE NUMBE  We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in Please Check Below:	ER: EMPLOYE (Note: <b>NOT</b> In sion (1) the certificate requi d the head of the fire depar surance required by Chapt	red by Chapter 304 of the tment for the above named
Individual, Partner or Authoric DATE:  TELEPHONE NUMBE  We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in Please Check Below:  APPROVED:	ER: EMPLOYE (Note: <b>NOT</b> In sion (1) the certificate requi d the head of the fire depar surance required by Chapt	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
Individual, Partner or Authoric DATE:  TELEPHONE NUMBE  We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in Please Check Below:  APPROVED:  DISAPPROVED:	ER: EMPLOYER (Note: NOT In Sion (1) the certificate required the head of the fire depart surance required by Chapt LOCAL LICEN	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
Individual, Partner or Authoric DATE:  TELEPHONE NUMBE  We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in Please Check Below:  APPROVED:	ER: EMPLOYER (Note: NOT In Sion (1) the certificate required the head of the fire depart surance required by Chapt LOCAL LICEN	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
Individual, Partner or Authoric DATE:  TELEPHONE NUMBE  We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability in Please Check Below:  APPROVED:  DISAPPROVED:	ER: EMPLOYER (Note: NOT In Sion (1) the certificate required the head of the fire depart surance required by Chapt LOCAL LICEN	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	.41800041		CITY OR TOW	N WEST SP.	KINGFIELD
APPLICATION FOR F	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A		BAR			
ADDRESS 1175 RIVE	RDALE ST				
CITY/TOWN: WEST	SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: MALIN	IOWSKI, JOETYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI DESCRIPTION OF LIG	EASE ALSO VISIT OUR WEBS CENSED PREMISE		MAIL ADDRESS		
I hereby certify and swe 1. the renewed	ear under penalties of license will be of the		same premises no	ow licensed;	
2. the licensee	has complied with al	l laws of the Com	monwealth relatin	g to taxes; and	
3. the premises	s are now open for bu	siness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	· Authorized Corpo	orate Officer		
DATE:	TELEPHONE :	NUMBER:		YER IDENTIFICA Individual Social	
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspe	ector and the hea	d of the fire depa	rtment for the	e above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED: (If disapproved explain	)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 141800042		CITY OR TOWN	WEST SPR	INGFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Capital Liquors, Inc				
DOING BUSINESS	A Red Light Lounge				
ADDRESS 125 Capi	tal Drive				
CITY/TOWN: WES	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: Tabb	, Patrick B. TYPE	OF LICENSE: Ge	neral on CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMISES	<b>:</b> :			
Bar area consisting o two entrances/exits	f 2880 sq ft, with a seati	ng capacity of 14	0; bar storage area co	onsisting of 6	16 sq ft,
I hereby certify and s	wear under penalties of	perjury that:			
1. the renew	ed license will be of the	same type for the	same premises now	licensed;	
2. the license	ee has complied with all	laws of the Com	nonwealth relating to	taxes; and	
3. the premis	ses are now open for bu	siness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned	d, attest that we are in	possession (1) th	e certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed	d by the building inspe	ctor and the hea	d of the fire departr	nent for the	above named
license and (2) the o	certificate of liquor lia	oility insurance i	equired by Chapter	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	·:)				
(If disapproved expla	IIII <i>)</i>				
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY LICE	NSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	iA)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 141800043	(	JIY OK TOWN	WEST SPR	MINGFIELD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	E: POWERS REST. & C.	AFE INC.			
DOING BUSINESS	S A POWERS REST & C	CAFE,INC			
ADDRESS 76 WES	STFIELD ST.				
CITY/TOWN: WI	EST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
	MPSON, TYPE OBERT R.	OF LICENSE: Resta	nurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR EMA	IL ADDRESS		_
	F LICENSED PREMISES				
	CELLAR FOR STORAGE				
•	l swear under penalties of				
	wed license will be of the	• 1	•		
2. the licen	nsee has complied with all	laws of the Commo	onwealth relating t	to taxes; and	
3. the prem	nises are now open for bus	siness (If not explain	n below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpora	ate Officer		
DATE:	TELEPHONE N	JUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersign	ed, attest that we are in	possession (1) the	certificate requir	ed by Chapte	er 304 of the
	ed by the building inspec				
ncense and (2) the	e certificate of liquor liab	mity insurance rec	диней ву Спари	21 110 Of the 1	Acts of 2010.
Please Check Below:	٦		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	lain)				
(11 disapproved exp	,/				
DATE:			-		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 141800044	(	LITY OR TOWN	WEST SPR	INGFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	WESTERN LIQUORS	S INC.			
DOING BUSINESS	A COLLINS TAVERN				
ADDRESS 997 WE	STFIELD ST.				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: LED E.	OUX, ROBERT TYPE (	OF LICENSE: Resta	aurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMA	AIL ADDRESS		
	LICENSED PREMISES				
	ELLAR FOR STORAGI				
•	swear under penalties of		1		
	yed license will be of the see has complied with all	* *	•		
	ses are now open for bus		ě	taxes; and	
5. the premi	ses are now open for bus	mess (ii not explai	ii ociow)		
SIGNED BY:					
SIGNED B1.	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	IIIMBER:	EMPLOYER :	IDENTIFICAT	ION NUMBER:
	TEEDI HOLLE	CIVID LIK.	(Note: NOT Indiv	idual Social Se	ecurity Number)
XX7 - 41 1 2	1 -44-44-4		4°0° 4	1 h Ch 4 -	204 - C4b -
	d, attest that we are in j d by the building inspec				
license and (2) the	certificate of liquor liab	ility insurance re	quired by Chapter	<b>116</b> of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 141800045	(	II Y OR TOWN	WEST SPR	INGFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAD-FAST, INC.				
DOING BUSINESS	A THE CREST ROOM				
ADDRESS 706 WES	TFIELD STREET				
CITY/TOWN: WES	T SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: FAST L. JR	TIE, ROBERT TYPE (	)F LICENSE: Resta	nurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
ī	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	IL ADDRESS		
	LICENSED PREMISES				
	ONTAINING 1 ROOM,				
•	wear under penalties of p				
	ed license will be of the	• •	•		
2. the license	e has complied with all	laws of the Commo	onwealth relating to	taxes; and	
3. the premis	es are now open for bus	iness (If not explain	n below)		
SIGNED BY:					
	Individual, Partner or A	Authorized Corpora	ate Officer		
DATE:	TELEPHONE N	UMBER:			ION NUMBER:
			(Note: NOT Indi	vidual Social So	ecurity Number)
Acts of 2004, signed	l, attest that we are in p by the building inspec ertificate of liquor liab	tor and the head o	of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
			-		
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800047		CITY OR TOWN	WEST SPR	RINGFIELD	
APPLICATION FOR RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
	CLASS			YEAR	
LICENSEE NAME: ANGELO E DOING BUSINESS A BERTELL ADDRESS 00726A MAIN STREE	I'S	NC.			
CITY/TOWN: WEST SPRINGFI		ZIP CODE:	01089		
MANAGER: PASSERINI, HAROLD	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_	
DESCRIPTION OF LICENSED P	REMISES:				
ON 1 FLOOR;4 ROOMS WITH 3	ENTRANCES AND EXIT	ΓS			
I hereby certify and swear under pe	nalties of perjury that:				
1. the renewed license will	be of the same type for th	e same premises now	licensed;		
2. the licensee has complied	· -	=			
3. the premises are now or		_			
	I	,			
SIGNED BY: Individual, I	Partner or Authorized Corp	oorate Officer			
DATE: TELE	PHONE NUMBER:	EMPLOYER	DENTIFICAT	TION NUMBER:	
		(Note: NOT Ind	ividual Social S	ecurity Number)	
Please Check Below:		LOCAL LICENS	ING AUTU	ODITV	
APPROVED:		LOCAL LICENS	ING AUTHO	OKII I	
DISAPPROVED:		By:			
(If disapproved explain)					
1 /					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800049		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: DADSON INC				
DOING BUSINESS A EXPO LIQUORS				
ADDRESS 1122 MEMORIAL AVE				
CITY/TOWN: WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: DEVIVO, DAVID J TYP	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS ON 1 FLOOR; 4 ROOMS WITH 4 ENTR I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for	ANCES AND EXIT of perjury that: the same type for the all laws of the Comm	same premises now		
SIGNED BY: Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 141800050		CITY OR TOWN	WEST SPR	MINGFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
	AME: LJC ROTARY LIQU NESS A ROTARY LIQUOR				
		STATE: MA	ZIP CODE:	01000	
	WEST SPRINGFIELD			01089	
MANAGER:	DEMERSKI, TYPE JENNIFER C.	OF LICENSE: Pac	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS		
	N OF LICENSED PREMISE. LL CELLAR FOR STORAGI				
2. the	renewed license will be of the licensee has complied with al premises are now open for bu  Individual, Partner or	l laws of the Comrasiness (If not expla	monwealth relating to		
	11102 (100001, 1 010101 01				
DATE:	TELEPHONE :	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 141800051		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	TABLE & VINE,IN	IC			
DOING BUSINESS	A TOWN & COUNT	ΓRY LIQUORS, IN	C		
ADDRESS 1119 RI	VERDALE ST				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
	CIVER, TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					]
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
OFFICE ON 2ND. I	ISE WITH RETAIL & FL.WITH DOORWAY ERHEAD LOADING Q. FT.	& EXIT IN FROM	T, DOORWAY IN	WINE SECT	
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of the	he same type for the	same premises now	licensed;	
2. the licens	see has complied with	all laws of the Com	nonwealth relating to	taxes; and	
3. the premi	ises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corn	orate Officer		
	marviduai, raitiiei	or Aumorized Corp	orate Officer		
DATE:	TELEDIJON		EMPI OVER	DENTIFICAT	TION NUMBER:
2112.	TELEPHONI	E NUMBER:	(Note: NOT Ind		
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
•					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	41800052		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FOR F	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	YONS PKG STOR	E INC			
DOING BUSINESS A					
ADDRESS 1399 WES	ΓFIELD ST				
CITY/TOWN: WEST	SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: LYONS	S, JAMES J. TYPE	E OF LICENSE: Pa	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:			
2 ROOMS: 1ST. FL. C	ELLAR FOR STOR	AGE.			
I hereby certify and swe	ar under penalties o	of perjury that:			
1. the renewed	license will be of th	e same type for the	e same premises now	licensed;	
2. the licensee	has complied with a	ll laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for b	usiness (If not exp	lain below)		
SIGNED BY:					
I	ndividual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEETHONE	TOMBER.	(Note: NOT In	dividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain	)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800056		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: KKK & P LLC				
DOING BUSINESS A THE COUNTRY STOR	RE			
ADDRESS 1022 AMOSTOWN RD				
CITY/TOWN: WEST SPRINGFIELD ST	TATE: MA	ZIP CODE:	01089	
MANAGER: PATEL PINKY TYPE OF	LICENSE: Pac	kage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				]
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
1 ROOM ON 1ST. FLOOR.				
I hereby certify and swear under penalties of per	rjury that:			
1. the renewed license will be of the sar	me type for the	same premises now	licensed;	
2. the licensee has complied with all law	ws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for busine		_		
SIGNED BY:				
Individual, Partner or Au	thorized Corpo	rate Officer		
DATE: TELEPHONE NU	MRFR.	EMPLOYER	R IDENTIFICAT	TON NUMBER:
TEELI HOIVE IVO	WIDEK.	(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				<del></del>



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 141800057		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAMI DOING BUSINES ADDRESS 533 UI	SS A WEST SIDE	COST CUTTERS			
CITY/TOWN: W		D STATE: MA	ZIP CODE:	01089	
MANAGER: DE		TYPE OF LICENSE:Pa		ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
<ol> <li>the rene</li> <li>the lice</li> </ol>	F LICENSED PRE R, CELLAR FOR S d swear under pena ewed license will be unsee has complied		e same premises now monwealth relating to		
SIGNED BY:	Individual, Par	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	141800058		CITY OR TOW.	N WEST SPE	MINGFIELD
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:  DOING BUSINESS A  ADDRESS 131 ELM  CITY/TOWN: WEST  MANAGER: EATO W.  EMAIL ADDRESS:	THE MAJESTIC TH STREET SPRINGFIELD		ZIP CODE: taurant	01089 CATEGORY:	Wine and Malt Regular
	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LI					
2. the licensee 3. the premise SIGNED BY:	rear under penalties of d license will be of the e has complied with all s are now open for bus Individual, Partner or	same type for the laws of the Comn siness (If not expla	nonwealth relating		
	marvidual, Partiler or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building inspe	ctor and the head	of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 141800061		CITY OR TOV	VN WEST SPI	RINGFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: SORRENTO	PIZZA OF WEST SPRI	NGFIELD, INC.		
DOING BUSI	NESS A SORRENT	O PIZZA & RESTAURA	ANT		
ADDRESS 66	0 KINGS HIGHWA	Y			
CITY/TOWN:	WEST SPRINGFI	ELD STATE: MA	ZIP CODE	: 01089	
MANAGER:	ALBANO, PASQUALE	TYPE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
		OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
	N OF LICENSED PI	REMISES:			
PIZZA & RES	TAURANT				
SIGNED BY:		en for business (If not ex Partner or Authorized Con			
DATE:	TELE	PHONE NUMBER:		YER IDENTIFICAT	
Acts of 2004,	signed by the build	we are in possession (1) ing inspector and the he iquor liability insurance	ead of the fire dep	artment for the	above named
Please Check Belo			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
(11 disappio voc	a empianis				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800063		CITY OR TOWN	WEST SPR	INGFIELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WALTER RIC	KUS			
DOING BUSINESS A ELM MARKE	ET AND PACKAGE S	ΓORE		
ADDRESS 246 ELM ST				
CITY/TOWN: WEST SPRINGFIEL	D STATE: MA	ZIP CODE:	01089	
MANAGER: RICKUS, WALTER	ΓΥΡΕ OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		J
DESCRIPTION OF LICENSED PRE	MISES:			
1350 SQFT. BUILDING WITH 2 LE	VELS			
I hereby certify and swear under penal  1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	of the same type for the vith all laws of the Com	nmonwealth relating to		
SIGNED BY: Individual, Part	ner or Authorized Corp	oorate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				